

PETITIONER: RESPONDENT: OTHER:	CASE NUMBER:
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## APPLICATION TO DETERMINE ARREARAGES

- ☐ Child support    ☐ Spousal support    ☐ Family support    ☐ Medical support  
☐ Unreimbursed expenses    ☐ Unreimbursed medical expenses    ☐ Other (*specify*):  
 Attachment to    ☐ Order to Show Cause (form FL-300)    ☐ Notice of Motion (form FL-301)

- I ask that arrearages be determined in this case.
- I have attached (*check all that apply*):
  - ☐ a *Declaration of Payment History* (FL-420)
  - ☐ a *Payment History Attachment* (FL-421)
  - ☐ Other (*specify*):
- ☐ I ask that the support arrearage be changed as follows:
  - ☐ I have already paid    ☐ some    ☐ all    of the support ordered. Proof of payment is attached.
  - ☐ The children for whom support is to be paid were living with me full time for the period from \_\_\_\_\_ to \_\_\_\_\_. I provided all of their support during that period. I am attaching a detailed declaration explaining these facts and supporting documentation, including any proof that the children were living with me.
  - ☐ Other (*specify*):
- ☐ I have previously asked the other parent for payment and provided the other parent with an itemized statement of the unreimbursed ☐ childcare expense ☐ medical expense (*Attach copies of all bills being claimed and proof of any payments that you have made on these bills.*)
- ☐ Attorney fees and costs a. ☐ Fees b. ☐ Costs  
Income and Expense Declaration is attached.
- Facts in support of the relief requested are (*specify*):  
☐ contained in the attached declaration.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

☐ Petitioner/Plaintiff    ☐ Respondent/Defendant  
☐ Attorney    ☐ Other (*specify*):

**NOTICE: This form must be attached to an *Order to Show Cause* (FL-300) or a *Notice of Motion* (FL-301).**

**NOT A COURT ORDER**

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